Past history revealed that she had undergone surgical intervention thrice for fistula and once for perianal abscess in previous year. TRUS and fistulogram reports suggested of Trans-sphincteric perianal fistula. Hence an integrated approach of Fistulectomy was conducted along the arc of fistula using Khara sutra (Alkaline thread) ligation followed by Ksharkarma (application of alkaline paste) and Kshara varti (insertion of alkaline wick) along with a course of multiple antibiotics, analgesics, antacids in injectable forms.

Vristimadhula taila was used in the form of guddavarti (anal pack using wick) and abhiyaarita. Also Matra basti (one of the enema protocols) is administered twice daily.

**Result:** Signs of adequate healing seen. Patient also report relief in the symptoms. The Patient need to be followed up next two months for integrative long term effect/relief.

**Conclusion:** Therefore an integrated surgical care for recurrent fistula-in-ano is viable option through clinical trial.

OA26

183. REDUCTION IN SCORE ON OWSESTRY DISABILITY INDEX IN LUMBAR SPONDYLOSIS AFTER AN AYURVEDIC INTERVENTION – A CASE STUDY

Vimal S. Male, James Chacko, Devipriya Soman.

**Rationale of this case report:** The present day management of Lumbar Spondylosis involves the usage of NSAIDs, corticosteroids, Analgesics etc which on continuous use leads to complications like gastritis, kidney failure, liver disorders etc. Clinically the symptoms of Katigraha explained in Ayurvedic classics is similar to the condition of Lumbar Spondylosis, hence the same treatments may be adopted for Lumbar Spondylosis. This case report discusses the successful management with Ayurvedic treatment of a case diagnosed as lumbar spondylosis.

**Presenting concerns:** The present case is about a 36 year old male diagnosed with Lumbar spondylosis as per ICD 10 M47.016 criteria having the clinical picture of progressive spinal stiffness, episodic mechanical back pain with an Oswestry Disability Index of 28. MRI revealed degenerative changes and diffuse disc bulge at L4/L5 and L5/S1 levels. The patient was dependent on pain killers when admitted.

**Interventions:** The treatment protocol included Kati basti with Sahacharadi tala (7 days) followed by Eranadumadi Madhuthalika basti (7 days) along with Sahacharadi kashaya internally (50 ml BD 8/F).

**Outcomes:** At the end of 14th day, the re-assessment was done using ODI and the score reduced to 16. Hence Kati basti followed by Eranadumadi madhuthalika Basti and Sahacharadi Kashayam is effective in improving ODI within a span of 14 days.

**Main lesson(s) from this case report:** The ODI reduced from severe to moderate disability within a short time period. The patient had significant relief without using painkillers. Further studies are needed to see whether Ayurveda has better outcomes in long term.

Way forward: A technique to convert dhoopamana drugs to nebulization fluid was found in a study by Kajaria et al. i.e. through the classical method of preparation of decoction through Soxhlet process by hot percolation method or extraction of volatile oil through steam distillation. Another method observed were preparation nebulization of biodegradable Nano particles; powdersed root of R. communis was extracted successively with 95% ethanol using Soxhlet extractor it is found to have anti-asthmatic activity. Gupta et al. established anti-asthmatic potential of alcohol extract of Sala.

All these evidences shows that dhoopamana drugs can be converted to aerosol form for the management of Bronchial asthma. This approach helps to opens the area of integration between Ayurveda formulation and modern technique.

OA28

194. REPORTING THE CLINICAL OUTCOME OF BAHIPARIMARJANA CHIKITA IN COMBINATION WITH ACTIVE RESISTED EXERCISE IN OSTEOPOROSIS KNEE – A CASE SERIES STUDY

M.P. Athira, Anantham Sharma, C.K. Prathibba.

**Purpose:** The prevalence of Osteoarthritis (OA) Knee increases with age and is one of the most common cause of physical disability. Many Ayurvedic treatment principles are proved successful in managing OA Knee. It is also managed by surgery, allopathic medications and even by Physiotherapy. This study is aimed to find out the combined effect of Bahiparimarjana Chikita (specific Ayurvedic external therapies) and exercise therapy in reducing the symptoms of OA among the patients of knee osteoarthritis.

**Outcome measures:** VAS, ROM, WOMAC Scale, Foot pressure, subjective symptoms.

**Design:** Pre and post test study.

**Materials and methods:** 22 diagnosed cases of OA Knee were selected from OPD of Amrita Ayurveda Hospital between the age group of 45–70 years. They were administered Bahya Snehana and Svedana along with active resisted exercises for 14 days.

**Result:** Thus obtained data were analyzed statistically with wilcoxon signed rank test. The statistical values in VAScale (P < 0.001), ROM (Rt-P < 0.004, Lt-P < 0.001, FP(Lt-P < 0.042, Rt-P < 0.038), WOMAC score (P < 0.004). There was improvement in almost all the subjective parameters.

**Discussion and conclusion:** The Bahiparimarjana Chikita acts on the pain gate to reduce the pain and tenderness. The oil application and the heat improve the circulation which helps in removing the waste products and nourishing the synovium. The elasticity of the surrounding structures was thus increased which significantly improved ROM. This Ayurvedic therapy when supported by the exercise had significant improvement in all aspects of OA Knee. So a combined therapeutic protocol can be adopted in the management of OA Knee.